Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number, PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number 048686 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEF BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = x s OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = x s OR ХS MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR if the adterence in column 1 is less than zero, enter "o" in column 2. 101AL Ûĸ TOTAL CLAMAS AS AMENDED - PART H OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY HIGHEST CLAIMS ⋖ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-NDMENT **EXTRA AFTER PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) x s OR X S_ Independent Minus 讪 X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE **み-13-02** (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS œ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA** ENDMENT **AFTER** TIONAL TIONAL PAID FOR AMENDMENT FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE 20 (Column 1) (Column 2) (Column 3) ما CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA** ENDMENT **AFTER** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus aυ (37 CFR 1.16(c)) X S OR Independent (37 CFR 1.16(b)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments

ADD'L FEE

OR

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on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECORD								
Effective October 1, 2001 09/048 68 6								
CLAIMS AS FILED - PART.I (Column 1) (Column 2)				SMALL EN	_	OR	OTHER SMALL E	
TOTAL CLAIMS				RATE	FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	7 9 0.00
TOTAL CHARGEABLE CLAIMS	20 minus 20= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS	✓ minus 3 =	<u> </u>		X42=		OR	XX	%
MULTIPLE DEPENDENT CLAIM PRESENT			+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	872.
CLAIMS AS AMENDED - PART II				SMALL E	NTITY	OR	OTHER SMALL	
1- 6-0 (Column 1)		ımn 2) (Columi HEST	13)		ADDI-	1		ADDI-
▼ REMAINING	PREV	MBER PRESE		RATE	TIONAL		RATE	TIONAL
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Independent * 4	Minus ***	4 =	\subseteq	X42=		OR	X84=	
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				TOTAL		OR	TOTAL	
5-10-0 / (Column 1)	(Cal)	umn 2) (Colum	n 31	ADDIT. FEE			ADDIT. FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140=		OR	+280=	
				TOTAL ADDIT. FEE		OR	ADDIT. FEE	
8-20-01 (Column 1)		umn 2) (Colum	n 3)		•			
CLAIMS REMAINING AFTER AMENDMENT Total Independent * 4 FLOOT REPERT MATION OF	NU PREV	SHEST IMBER PRESE VIOUSLY EXTE		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • 1 7		20 -		X\$ 9=		OR	X\$18=	
Independent + 4	Minus ***	٠ - ا	\downarrow	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						OR	TOTAL	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE								
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